

15CV0253

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

GEORGE CHAVIS #91-A-3261
ON BEHALF OF MYSELF AND
EVERY OTHER PRISONER IN HERE
 (In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
 (Prisoner Complaint)

-against-

Jury Trial: ☒ Yes ☐ No
 (check one)

(So long as it is NOT
 A TAINTED JURY!)

- 1) L. PRESKA ; H. THAYER - 11)
- 2) ROYS ; J. DEWITT - 12)
- 3) TUCKER ; M. ELLWANGER - 13)
- 4) ADAMS ; MRS. RUSSO - 14)
- 5) SANTOS ; CAPT. A. RUSSO - 15)
- 6) G. EGGIER CAPT. URBANSKI - 16)
- 7) L. GREENER SGT. BUNCH - 17)
- 8) T. DOYLE ; W. BEACH - 18)
- 9) LT. HOFFLING ; JANE DOE - 19)
- 10) LT. MAXWELL ; MS. HELL - 20)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

R. BERRIO - WEBBE - 21)
D. WILBURN - 22)
E. KASPER - 23)
A. BRACK - 24)
LT. HAASE - 25)
SGT. T. KNIGHT - 26)
CAPT. LAPORTO - 27)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name GEORGE CHAVIS
 ID # 91-A-3261
 Current Institution SULLIVAN STATE PRISON
 Address 325 RIVERSIDE DRIVE ; P.O. Box 116,
FALLBURGH, NEW YORK - 12733

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name L. PRESKA (CHIEF JUDGE) Shield # _____
 Where Currently Employed U.S. DISTRICT COURT - SDNY
 Address 500 NARL STREET
NEW YORK, NY 10007-1312

JAN 13 2015

PRO SE OFFICE

Defendant No. 2 Name ROYS - CORRECTION OFFICER Shield # U/K
 Where Currently Employed SULLIVAN STATE PRISON
 Address 325 RIVERSIDE DRIVE, P.O. Box 116,
FALLSBURGH, NEW YORK - 12733

Defendant No. 3 Name TUCKER - CORRECTION OFFICER Shield # U/K
 Where Currently Employed SULLIVAN STATE PRISON
 Address 325 RIVERSIDE DRIVE, P.O. Box 116,
FALLSBURGH, NEW YORK - 12733

Defendant No. 4 Name D. ADAMS - CORRECTIONS OFFICER Shield # U/K
 Where Currently Employed SULLIVAN STATE PRISON
 Address 325 RIVERSIDE DRIVE, P.O. Box 116
FALLSBURGH, NEW YORK - 12733

Defendant No. 5 Name SANTOS - CORRECTIONS OFFICER Shield # U/K
 Where Currently Employed SULLIVAN STATE PRISON
 Address 325 RIVERSIDE DRIVE, P.O. Box 116,
FALLSBURGH, NEW YORK - 12733

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
IN TWO SEPARATE PRISONS (BOTH STATE PRISONS -
SING SING in OSSining AND SULLIVAN HERE)
- B. Where in the institution did the events giving rise to your claim(s) occur?
IN THE Sing Sing Prison MESS HALL THAN THE SHU-
Disciplinary AREA ; THAN HERE in SULLIVAN
Prison UP TO THIS PRESENT DATE in TIME!
- C. What date and approximate time did the events giving rise to your claim(s) occur?
IN SULLIVAN Prison - I Am SUFFERING TICKET RETALIATIONS
(SEVEN ALTOGETHER KEEPING ME CELL KEPT LOCKED) ON DATES
Nov. 26, 18, 13 AND August 21, 6, ETC.

D. Facts: SINCE MY ENTRY INTO THE SULLIVAN PRISON
MY HEALTH OVERALL AND SAFETY HAVE BEEN
THREATENED BY PRISON OFFICERS AND CIVILIANS
BY PHYSICAL CONFRONTATION AND TICKET RETALIATION
THREATS DON'T STOP - IT'S STILL ACTIVE AGAINST ME NOW!
THE DEFENDANT LORETTA, PRESKA, IS A CHIEF
JUDGE WHO IS MORE INTERESTED IN MONEY THAN
REGARDING THE "IMMINENT DANGER" STAND-
ARDS § 1915(c) THAT IS GOVERNING MY RECENT CLAIM
DISMISSED PREMATURELY BY PRESKA, WITHOUT CARE OR CONCERN.
ALL DEFENDANTS ARE INVOLVED AND THE TICKET RETALIATIONS
CONTINUE AGAINST ME - I AM PRESENTLY UNDER SH
KEEPLOCK WITHOUT DUE PROCESS OF LAW, AND PRESKA
CONDORES IT ALL BECAUSE SHE IS NO TRUE JUSTICE
FOR THE U.S. CONSTITUTION WHICH BARRETS EVEN THE LIMITED
RIGHTS OF THE INCARCERATED - SHE SHOULD BE INCARCERATED!
AS I AM PRESENTLY (FOR 26 YEARS) ON A UNJUST CONVICTION!
EVERYONE WHO IS MY EYE WITNESS - BOTH EXPERTS
AND STATE INMATES

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. MY BODY IS DETERIORATING DUE TO NEED
OF TWO MANDATED SURGERIES, SINCE TWO YEARS AGO,
TO DATE! ALSO, SHU SUFFERING SINCE 2010 TO DATE WITHOUT
DUE PROCESS PRIOR TO CELL CONFINEMENT WITH THREATS
BY OFFICER RACIST, VINDICTIVE, VIGILANTE OFFICER AND
CIVILIAN STAFF UNCEASING AFTER MY REPEATED COMPLAINTS
AGAINST THEM - VIOLATION OF MY PROPERTY NON-STOP - DENIAL
OF FOOD SO TO STARVE ME, AS PHYSICAL THREATS AS PRESENT

IV. Exhaustion of Administrative Remedies: TODAY IN PREPARING THIS CLAIM

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

SULLIVAN PRISON, SOUTHPORT PRISON, SING SING PRISON
AUBURN PRISON, SOUTHPORT PRISON, ATTICA PRISON

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? MOST OR ALL OF THEM

2. What was the result, if any? CORRUPTION - THE CONCEALING OF MY GRIEVANCES (AS IF I NEVER SUBMITTED THEM!!!)

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I APPEALED 90% OF MY GRIEVANCES WITH AND WITHOUT NOTARY SERVICES, FOR MY AFFIDAVITS & SERVICES ACCORDING TO DIRECTIVE 4040, SECTION 701.5(1)(C) AND 701.5(1)(d)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

I DID FILE AND SUBMIT GRIEVANCES, IN ADDITION TO CONTACTING OUTSIDE LEGAL SOURCES - BUT THIS LEGAL SYSTEM IS CORRUPT - IT'S BUILT IT

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

EVERYONE AND MORE!!!

when and how, and their response, if any: THEY REALLY DON'T
CARE A DAMN ABOUT DEFENDANTS
BAD ACTIONS IN VIOLATION OF OUR
AMBRADMENT RIGHTS SO THEY DO NOTHING!

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. THIS CLAIM IS BEING FILED UNDER

THE STANDARD OF "IMMINENT DANGER"
SECTION 1915(g) DUE TO THE UNCEASING
DEFENDANTS THREATS AGAINST ME PRISON AND
DURING THIS CLAIM PREPARATION AND FOR
MY PROTECTED CONDUCT & PRESENTLY SUFFER
SHU - PUNATIVE SEGREGATION CELL CONFINEMENT

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I WANT IMMEDIATE IN-
JUNCTION RELIEF AND RAPID RELEASE FROM
THE SHU - DISCIPLINARY PUNATIVE SEGREGATION
SOLITARY CELL CONFINEMENT; EXPUNGEMENT
OF TICKET DISPOSITIONS (ALL TIER-2 and TIER-3
DISPOSITIONS) FROM MY INSTITUTIONAL RECORD;
TERMINATION OF STATE DOCS JOB EMPLOYMENT
OF EACH RACIST, VIOLATIVE, VINDICTIVE DE-
PENDANT STAFF HEREIN; RAPID SERVING
OF OFFICIAL SUMMONS PER DEFENDANT;
AND MONETARY PUNATIVE DAMAGES FOR
EACH DEFENDANT'S PERSONAL INVOLVEMENT
AND \$500.00 PER DAY FOR EACH DAY OF
SHU KEEPOCK AND PUNATIVE SEGREGATION SHU
CELL CONFINEMENT HERE (COMPENSATORY DAMAGES)

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

DONT REMEMBER, only THESE HEREIN!

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☐

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

DONT REMEMBER, only THESE HEREIN!

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12th day of JANUARY, 20 15

Signature of Plaintiff

Inmate Number

Institution Address

[Signature]
915 A-3261
SULLIVAN STATE PRISON
325 RIVERSIDE DRIVE,
P.O. Box 116,
FALLSBURG, N.Y. 12733

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12th day of JANUARY, 20 15 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

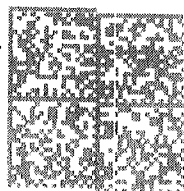
Signature of Plaintiff:

[Signature]
on Behalf of 100 deeply
Violated people of non white
Color + Culture By racist
Dependents of genocide!

SULLIVAN CORRECTIONAL FACILITY
P.O. BOX 116
FALLSBURG, NEW YORK 12733-0116

NAME: George Chanis DIN: 91-A-3861

SULLIVAN CORR. FAC.



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Edmond

To: The Clerk of the Court
United States District Court
S.D.N.Y. U.S. Courthouse
500 Pearl Street,

Legal Mail New York, NY 10007-1312